

Section III Description of Transportation Program (i.e. special circumstances, coordination of efforts and other factors which affect your program). Describe how you will assure transportation provided is the least expensive for the level of service required for the patient's condition. If additional space is needed, attach additional sheet.

SECTION IV. Transportation Operating Expenses, Funding Sources

Funding Sources

Name of Funding Sources for Transportation	1. Local Funding	2. State General Revenue	3. Total
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

- A. Total revenue used for all transportation
(Total #3.) _____
- B. Estimated operating cost of Medicaid
transportation (Section II. C. 7.) _____
- C. Total revenue certified to be used for medical
transportation for Medicaid eligible individuals
(Cannot exceed A.) _____

\$ _____

\$ _____

\$ _____

The agency also certifies that costs for which reimbursement will be requested are not being claimed, or used to support requests from any other grant program.

AUTHORIZED SIGNATURE

DATE

TITLE

AGENCY

TN No. 95-37

Approval Date NOV 06 1995

Effective Date 07/01/95

Appendix B

ESTIMATED ADMINISTRATIVE OPERATING BUDGET
FISCAL YEAR JULY 1, _____ THROUGH JUNE 30, _____

A. Administrative Expenses:

Project Manager's Salary	\$ _____
Fringes	_____
Secretary/Bookkeeper	_____
Fringes	_____
Office Supplies	_____
Building Utilities (lights, heat, water)	_____
Telephone	_____
Insurance	_____
Bonding	_____
Promotion	_____
Travel (Mileage)	_____
Miscellaneous Expenses	_____
Advertising (notices in newspapers)	_____

Total Administrative Expenses \$ _____

B. Operating Expenses:

Driver Salaries	\$ _____
Fringe Benefits	_____
Dispatcher	_____
Maintenance (Labor and Parts)	_____
Fuel and Oil	_____
Tires and Tubes	_____
Misc. Materials and Supplies	_____

Total Operating Expenses \$ _____

C. Total Administrative & Operating Expenses \$ _____

D. Estimated Operating Cost (Medicaid)* \$ _____

Prepared by _____ Date _____

Title _____

- * Estimated Operating Cost (Medicaid) is that part of the Total Administrative & Operating expense to be used for Medical transportation for Missouri Medicaid eligible individuals (Appendix A, Section II, C.7).

This budget page may be modified for your specific needs. Please note any modification with a check mark to the left of your line item.

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE MARIES COUNTY R-II SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

**I
STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Maries County R-II School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
- b. The child receives a service covered by Medicaid and the service is provided as a result of the child's IEP or IFSP; and
- c. The IEP/IFSP specifies the need for transportation and contains at least one of the following determinations:

(1) An IEP/IFSP team has determined and documented the student to be unable to independently perform at an age-appropriate level one or more of the following functions associated with transportation to/from school or other site at which the Medicaid-covered service is provided:

- arrive to the site normally used by children of similar chronological age to board transportation; or
- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

TN No. 95-36

Approval Date OCT 22 1997

Supersedes TN No. New Material

Effective Date 07/01/95

(2) An IEP/FSP team has determined an documented the presence of a specialized medical need with may or may not accompany the functional limitation described in 1; or

(3) An IEP/FSP team has determined and documented the requirement that the student must be attended by an aide during transportation.

II RESPECTIVE RESPONSIBILITIES

DSS agrees to:

1. Reimburse the School District the Title XIX federal share of actual and reasonable costs established for administration of medically necessary transportation provided by the school district. Reimbursement, for transportation costs related to the provision of therapy services provided on the school site is based upon that portion of the actual cost of transportation that relates directly to the time required to provide a therapy service in accordance with the provisions of OMB Circular A87 and 45 CFR parts 74 and 95. Reimbursement for transportation cost related to the provision of therapy services provided off the school site is based on the actual cost of transportation necessary to transport the student to or from, or to and from a Medicaid-covered service. Administrative costs will be reimbursed for those activities associated with the resources necessary to schedule transportation, document activities associated with the resources necessary to schedule transportation, document transportation services and verify Medicaid eligibility. The rate of reimbursement for eligible administration of medically necessary transportation costs will be the Title XIX federal share (50%).
2. Provide the School District access to the information necessary to properly provide and seek reimbursement for administration of medically necessary transportation.
3. Develop and conduct periodic quality assurance and utilization reviews in cooperation with the School District.
4. Provide written instructions, technical assistance, and necessary consultation to staff of the School District regarding the responsibilities assumed within the terms of this agreement.

The School District agrees to:

1. The School District will provide professional, technical, and clerical staff to conduct administrative functions necessary for the proper and efficient administration of medically necessary transportation.
2. Provide as requested by the Division of Medical Services, the information necessary to request federal funds. Request for FFP will be submitted on the standard form together with a billing statement. These documents will be certified by the superintendent of the school district.

TN No. 95-36

Approval Date OCT 22 1997

Supersedes TN No. New Material

Effective Date 07/01/95

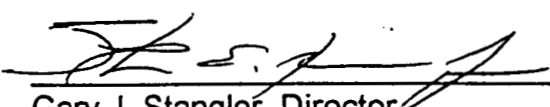
3. Maintain the confidentiality of client records and eligibility information received from DSS and use that information only in the administration, technical assistance and coordination of activities authorized under this agreement.
4. Certify to DSS the provisions of the non-federal share for transportation services via completion of DMS "Certification of General Revenue" form.
5. Accept responsibility for disallowances and incur the penalties of same resulting from the activities associated with this agreement. Return to DSS any federal funds which are deferred ultimately disallowed arising from the administrative claims submitted by DSS on behalf of the School District.
6. Consult with the Division of Medical Services on issues arising out of this agreement. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of state Medicaid Plan on issues, policies, rules and regulations on program matters.
7. Maintain all necessary information for a minimum of five (5) years to support the claims and provide HCFA any necessary data for auditing purposes.
8. Submit administrative claims on a quarterly basis in a format approved by DMS.
9. Meet or consult with DSS to exchange information regarding policy and procedure relating to the efficient administration of medically necessary transportation.
10. Use reimbursement received, as a result of this agreement, to maintain or expand non-emergency medical transportation services for Missouri Medicaid eligible individuals. Reimbursement received, as a result of this agreement, shall not be used to reduce the amount allowed for non-emergency medical transportation of Missouri Medicaid eligible individuals.

TN No. 95-36Supersedes TN No. New MaterialApproval Date OCT 22 1997Effective Date 07/01/95

V

TERMS OF THIS AGREEMENT

The period of this Cooperative Agreement shall begin ~~April 1~~^{July 1}, 1995. This agreement may be canceled at any time upon agreement by both parties or by either party after giving thirty (30) days prior notice in writing to the other party provided, however, that reimbursement shall be made for the period when the contract is in full force and effect.


 Gary J. Stangler, Director
 Department of Social Services

9/27/95
 Date


 Donna Checkett, Director
 Division of Medical Services

9-27-95
 Date


 Authorized School Representative

6/29/95
 Date

Supt of Schools
 Title

Marion Co R-2 Schools
 School District Name

TN No. 95-36

Approval Date OCT 22 1997

Supersedes TN No. New Material

Effective Date 07/01/95

**COOPERATIVE AGREEMENT BETWEEN
THE DEPARTMENT OF SOCIAL SERVICES, Division of Medical Services
and
THE ADAIR COUNTY R-I SCHOOL DISTRICT
For the Provision of
Transportation For IEP Services**

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STATEMENT OF PURPOSE**

This agreement between The Missouri Department of Social Services (DSS) and the Adair County R-I School District (hereafter referred to as "school district") concerns the administration of transportation for children eligible for Title XIX (Medicaid) to obtain medically necessary services provided as a result of a child's Individual Education Plan (IEP) or Individualized Family Service Plan (IFSP). Medicaid reimbursement for administration of transportation (to and from school, or to and from a service provided off school grounds or both) may be made when all of the following conditions are met:

- a. The child is eligible for Medicaid on the date the transportation is provided;
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- board and be seated in the transportation vehicle for the trip; or
- disembark from the transportation vehicle; or
- following delivery of the Medicaid-covered service, reboard the transportation vehicle, be seated, disembark at the appropriate location and return home; or

TN No. 95-36

Supersedes TN No. New Material

Approval Date OCT 22 1997

Effective Date 07/01/95

Substitute for letter dated 9/22/97

- (2) An IEP/FSP team has determined the presence of a specialized medical need with may or may not accompany the functional limitation described in 1; or
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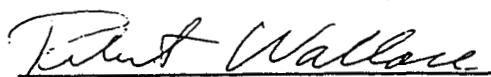
Gary J. Stangler, Director
Department of Social Services

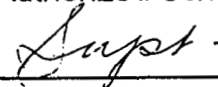
9/27/95
Date



Donna Checkett, Director
Division of Medical Services

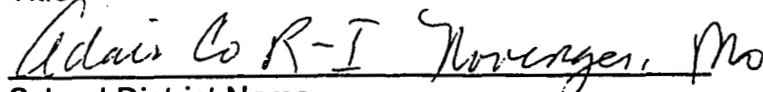
9-27-95
Date



Authorized School Representative


Title

6/22/95
Date



School District Name
63559

TN No. 95-36

Supersedes TN No. New Material

Approval Date OCT 22 1997

Effective Date 07/01/95